

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

07 07 DATE OF DEATH AND 0348 RESIDENCE 5	1. PLACE OF DEATH A. COUNTY <u>Maricopa</u> B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN) <u>Wickenburg</u> C. LENGTH OF STAY IN THIS PLACE IN ARIZONA <u>16 days 4 yrs</u> D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION) GIVE STREET HOSPITAL OR ADDRESS OR LOCATION <u>Community Hospital</u>			2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION). A. STATE <u>Arizona</u> B. COUNTY <u>Maricopa</u> C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <u>Wickenburg</u> D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <u>Gen. Del.</u>		
	3. NAME OF DECEASED A. (FIRST) <u>maile</u> B. (MIDDLE) <u>alice</u> C. (LAST) <u>Hutchinson</u> 4. SEX <u>Female</u> 5. COLOR OR RACE <u>White</u>					
PRECEDENT PERSONAL DATA 167 7 470	6. MARRIED - - - - - NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			7. DATE OF BIRTH MONTH <u>April</u> DAY <u>6</u> YEAR <u>1926</u>		
	8. AGE YEARS <u>67</u> MONTHS <u>11</u> DAYS <u>25</u>			9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <u>Housewife</u>		
9B. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Kansas</u>			
11. CITIZEN OF WHAT COUNTRY? <u>USA</u>			12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) <u>no</u>			
13. SOCIAL SECURITY NO. <u>527-26-3847</u>			14A. FATHER'S NAME <u>William Ashby</u>			
14B. BIRTHPLACE (STATE OR COUNTRY) <u>Kentucky</u>			15A. MOTHER'S MAIDEN NAME <u>unknown</u>			
15B. BIRTHPLACE (STATE OR COUNTRY) <u>unknown</u>			16. INFORMANT'S SIGNATURE <u>Opal Sayene, Box 417, Las Vegas, Nev</u>			
17. DATE OF DEATH (MONTH) <u>April</u> (DAY) <u>1</u> (YEAR) <u>1950</u>						
CAUSE OF DEATH ITEM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTIONS.			MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <u>Uremia, due to chronic</u> (b) <u>Cardiovascular disease</u> (c) <u>Pericarditis by acute cholelithiasis 3 wks</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Followed by HB Surgery 3 days</u>		
	INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>					
RATIONS, UTOPSY	19A. DATE OF OPERATION <u>3-29-50</u>			19B. MAJOR FINDINGS OF OPERATION <u>Subacute HB inflammation, some pus, etc.</u>		
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
DEATH DUE TO INTERNAL POLENCE	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)			21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
	21C. (CITY OR TOWN) (COUNTY) (STATE)					
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <u>3</u>			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
21F. HOW DID INJURY OCCUR?						
MEDICAL CORONER'S CERTIFICATION	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>3-16-50</u> 19 TO <u>4-1-50</u> 19 THAT I LAST SAW THE DECEASED ALIVE ON <u>3-31-50</u> 19 AND THAT DEATH OCCURRED AT <u>530 A.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			23A. SIGNATURE (DEGREE OR TITLE) <u>Thoyd Brallian M.D.</u>		
	23B. ADDRESS <u>Wickenburg Ariz.</u>			23C. DATE SIGNED <u>4-3-50</u>		
INTERNAL DIRECTOR AND SISTRAR	24A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <u>4-6-50</u>			24B. DATE <u>4-6-50</u>		
	24C. NAME OF CEMETERY OR CREMATORY <u>Wickenburg</u>			24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Wickenburg Arizona</u>		
25A. DATE REC'D BY LOCAL REG. <u>4-4-50</u>			25B. REGISTRAR'S SIGNATURE <u>Mamie Coffinger</u>			
25C. FUNERAL DIRECTOR'S SIGNATURE <u>H. L. Coffinger</u>			25D. EMBALMER'S SIGNATURE <u>H. L. Coffinger</u>			
25E. CERT. NO. <u>189-A</u>						